

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 500**Complete if Known**

Application Number	10/712,105
Filing Date	November 14, 2003
First Named Inventor	Norberto Oscar GOMEZ
Examiner Name	Navneet K. Khaira
Group / Art Unit	3754
Attorney Docket No.	29953-192732

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES				
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other						
FEE CALCULATION						
1. BASIC FILING FEE						
Large Fee Code	Entity Fee(\$)	Small Fee Code	Entity Fee(\$)	Fee Description	Fee Paid	
1011	300	2011	150	Utility filing fee		
1012	200	2012	100	Design filing fee		
1013	200	2013	100	Plant filing fee		
1014	300	2014	150	Reissue filing fee		
1005	200	2005	100	Provisional filing fee		
1081	250	2081	125	Utility App. Size Fee		
1082	250	2082	125	Design App Size Fee		
1083	250	2083	125	Plant App. Size Fee		
1084	250	2084	125	Reissue App Size Fee		
1085	250	2085	125	Prov. App Size Fee		
SUBTOTAL (1)					(\$)0	
2. EXTRA CLAIM FEES						
Total Claims		-20 **	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	4	-3**	=	1	200	200
Multiple Dependent						
Large Fee Code	Entity Fee(\$)	Small Fee Code	Entity Fee(\$)	Fee Description	Fee Paid	
1202	50	2202	25	Claims in excess of 20		
1201	200	2201	100	Independent claims in excess of 3		
1203	360	2204	180	Multiple dependent claim, if not paid		
1204	200	2204	100	** Reissue independent claims in excess of three		
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)					(\$)200	
**or number previously paid, if greater; For Reissues, see above						
SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Kavita B. Lepping	Reg No. Attorney/Agent)	54,262	Telephone	202-344-4000	
Signature	Kavita B. Lepping	Date	01/13/07			

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